

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17900

FILED JUL 8 - 1955

State File No.

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u>		Registrar's No. <u>385</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Poplar Bluff</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 4 SnowBall Tavern</u>				STREET ADDRESS (If rural, give location) <u>Route #4 Hwy. 53</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Walker</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 15, 1916</u>	
9. AGE (in years last birthday) <u>38</u>		10. AGE (in years last birthday) <u>38</u>		11. AGE (in years last birthday) <u>38</u>		12. AGE (in years last birthday) <u>38</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic Body</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Mechanic Body</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>T.A. Walker</u>				13b. MOTHER'S MAIDEN NAME <u>Bell Amanda Morris</u>			
14. NAME OF HUSBAND OR WIFE <u>Anna Evelyn Heifener</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.2</u>			
16. SOCIAL SECURITY NO. <u>497-18-1692</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Luther Walker, Poplar Bluff, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatism by shotgun in chest.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				E976X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Chest, Homes</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Butler Mo.</u>		21d. HOW DID INJURY OCCUR? <u>Suicide</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Est. June 16, 1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide</u>		21g. HOW DID INJURY OCCUR? <u>Suicide</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles W. Wheeler</u> <u>Coroner</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>			
23c. DATE SIGNED <u>6-21-55</u>				23d. DATE SIGNED <u>6-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kensley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rural, Poplar Bluff, Mo.</u>	
DATE/REC'D BY LOCAL REG. <u>6/28/55</u>		REGISTRAR'S SIGNATURE <u>Frank Cotrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 5 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

JUL 6 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Not Embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.